D6
California Department of Public Health
Preventive Health and Health Services Block Grant (PHHSBG)
FFY 2024 Funding Proposal for SFY 24/25

(Funding Proposal should be no more than 4 pages. Proposals in excess of 4 pages will be returned to the author for revisions.)

GENERAL NFORMATION

#	Item	Program to Complete
1	Program Contact Name/Title	
2	Email Address	
3	Phone Number	

PROGRAM INFORMATION

#	Item	Program to Complete
1	Title of Proposed FFY 2024 (SFY 24-25) Program:	
2	Funding Amount Request	
3	What is the total funding for your Branch/Center/Office? Please specify.	
4	How is it broken down?	Blank
a	Federal Funds	
b	State Funds	
c	Other Funds	
5	Healthy People (HP) 2030 Objective – (Select one) Refer to Attachment A.	Choose an item.
6	Principles for Allocation – (Select all that apply) Refer to Attachment B.	☐ Size of the Problem/Condition ☐ Cost-effectiveness of Interventions ☐ Health Equity ☐Linkage with Strategic Goals of California and Healthy People ☐ Engagement of Communities at the Local Level ☐Impact of Termination
7	Description of Proposed Program. How do they tie in with the selected HP 2030 Objective, the Principles of Allocation, and the State Health Improvement Plan? What are your program's objectives and how will you	

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	be able to measure your progress or success?	
8a	Is this an existing PHHSBG Program?	Choose an item.
8b	What is your current award amount?	
8c	Describe the impact of reduced/eliminated PHHSBG funding	
9a	Has this program been funded by PHHSBG?	Choose an item.
9b	If yes, what was your previous award amount?	
10	Please review Attachments C & D – these are mandatory requirements for all programs that receive PHHSBG funds. Do you agree to adhere to these requirements if your program is awarded funding?	Choose an item.